Information for I-20

Personal Information:

1. Name: _________________________________________
   (Last name as in passport) (First name as in passport) (Middle name, if any)

2. Sex: ___ Male ___ Female

3. Date of Birth: ________________________________  Country of Birth: __________________________
   (Month/Day/Year) (City and Country)


5. Permanent Overseas Address: ______________________________________________________
   (Number and street) (City, State)
   _______________________________________________________________________________
   (Country) (Postal code)

6. Present Mailing Address (if different): _______________________________________________
   (Number and street) (City, State)
   _______________________________________________________________________________
   (Country) (Postal code)

7. Telephone Number: ________________  Cell Phone Number: ________________

8. E-mail: ____________________________________________

9. Expected Semester of Enrollment: Fall 20___ Spring 20___

10. Degree Program: Bachelor's ___ or Master's ___  Normal length of study ____________
    (In months)

11. Academic Major __________________________  Minor, if any __________________________

12. Are you currently studying at a U.S. institution or college? ___Yes ___No
    Name of the U.S. institution: ______________________________________________________
13. Are you currently holding F-1 status? __Yes__ No

School that issued most recent I-20 SEVIS: ________________________________

Address: ______________________________________________________________

(Number and street) (City) (State) (Zip code)

I-20 Expiration date: ______________________________________________________


I-94 Expires on: ______________

(Month/Day/Year)

15. Additional Information:

Funding

Scholarship: ________________________________

(Name and Amount)

Additional funding: ________________________________

(Name and Amount)

Student’s personal funds: $__________

(Amount)